Document 15 PROCESS RECEIPT AND RETURN

Case 1:08-cv-00586
U.S. Department of Justice
United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal". on the reverse of this form.

		/	1.7						
PLAINTIFF Terrell	Jones					COL	IRT CASE NUMBI 08C586	08 c 586	
DEFENDANT						TYF	E OF PROCESS		
Lt. Dah	hen						s/c		
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN COrrectional Officer Michas, Cook County Dept. of Corrections ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Fir., Div. 5, Chicago, II. 606								
•									
AT									
SEND NOTICE	OF SERVICE COL	Y TO REQU	ESTER AT NA	ME AND AL	ODRESS BELOW:	l ∤Numaber of p	rocess to be	_	
	-	4200	7_ ^ 05777	_0057770			this Form - 285	1	
	Terrell Jones, #2007-0057770 Cook County Jail P.O. Box 089002						arties to be		
							s Case		
	Chicago, IL							9	
						Check for se on U.S.A.	rvice	0	
SPECIAL INST	RUCTIONS OR O	THER INFOR	MATION THA	T WILL ASSI	IST IN EXPEDITING	SERVICE (Inc	hude Business and	Alternate Addresses, All	
Telephone Numbers, and Estimated Times Available For Service): Fold						F	FILED		
						*	MAY 1 3 20	08 PH	
				,			ICHAEL W. DO	BBINS	
						CLER	L U.S. DISTRI	CT COURT	
Signature of Atto	orney or other Origin	ator requesting	service on beh	alf of:	PLAINTIFF	TELEPHON	E NUMBER	DATE	
					☐ DEFENDANT			03-03-08	
					ONTE DO	Discours Nico		SECTION OF SECTION	
SPACE B	ELOW FOR	USE O	F U.S. M	AKSHAL				W THIS LINE	
						zed USMS Deputy or Clerk Td		Td Date	
	USM 285 if more		of Origin	to Serve		**		03-03-08	
than one USM 2	85 is submitted)	8 of 9	No. <u>24</u>	No. 24					
I hereby certify a on the individual	and return that I 🔲 h l, company, corporat	ave personally ion, etc., at the	served, Shave address shown	legal evidence above or on t	e of service, 🔲 have ex- he individual, company,	ecuted as show corporation, c	n in "Remarks", the tcshown at the add	process described dress inserted below.	
☐ I hereby cer	tify and return that	I am unable	to locate the in	ndividual, con	npany, corporation, etc	., named abov	e (See remarks bel	ow)	
Name and title	of individual served	i (if not show	n above)				L cretion then r	suitable age and dis- esiding in the defendant's	
Officer Konner Farmandis							usual place of Date of Service	of abode.	
Address (comple	ete only if different ti	ian soown abo	va)		•		Date of Service		
							208/02	11',00 pm	
						,	Signature of U.S.	Marshal or Deputy	
Service Fee	Total Mileage Cl (including ender		arding Fee To	tal Charges	Advance Deposits C	Amount owed t	O U.S. Marshal or	Amount of Refund	
REMARKS:	process	She	et#	1 For	- Chane	5	-	- .	